

APR 01 2005

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Firm: United States Patent & Trademark Office
Facsimile: 703-872-9306
From: Hans R. Mahr
Frommer Lawrence & Haug LLP
Date: April 1, 2005
Re: U.S. Patent Application No. 09/728,800
Attorney Docket No. 4509117-02961
Number of Pages: 14
(Including cover page)
cc:

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Dear Sir:

In connection with the Application referenced above, the following documents are submitted herewith:

- Fee Transmittal (no fee)
- Amendment

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Attorney Docket No. 450117-02961

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Niels MACHE
 Appl. No. : 09/728,800
 Filed : December 1, 2000
 For : MESSAGE AUTHENTICATION
 Art Unit : 2131
 Examiner : ABRISHAMKAR, Kaveh

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Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f).

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number of claims previously paid for*	(5)	(6) Extra claims	(7)	(8) Rate	(9)	(10) Additional fee
Total Claims	17	-	20	=	0	x	\$50(\$25)	=	\$0.00
Independent Claims	4	-	4	=	0	x	\$200(\$100)	=	\$00.00
Total Fee for additional claims									\$0.00

* If the highest number of total claims previously paid for is less than 20, write "20" in this space. If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

** If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- ☐ A fee of \$00.00 is due to cover:
☐ additional claims,
☐ multiple dependent claim(s),
☐ an extension of time. This response is being filed within _____ month(s) following the expiration of the term originally set therefor. This is a petition to request a _____-month extension of time.
 This fee is to be paid by:
☐ an enclosed USPTO Form 2038 - Credit Card Payment Form in the amount of \$00.00.
☐ charging \$00.00 to Deposit Account No. 50-0320.
☐ This application contains a multiple dependent claim. The required fee of \$290(\$145) has been previously paid ☐, or is paid herewith ☐.

☒ Please charge any additional fees incurred by this response or credit any overpayment to Deposit Account No. 50-0320.

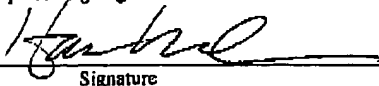
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FROMMER LAWRENCE & HAUG, LLP
 Attorneys for Applicant(s)

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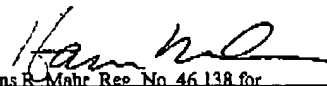
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 person signing certification



Signature

April 1, 2005

Date of Signature

By: 
 William S. Frommer
 Reg. No. 25,506
 Tel. (212) 588-0800

PATENT
Appl. No. 09/728,800
Attorney Docket No. 450117-02961

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Art Unit : 2131
Examiner : ABRISHAMKAR, Kaveh

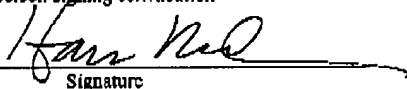
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Signature

April 1, 2005

Date of Signature

AMENDMENT

Mail Stop AF
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of January 6, 2005, please amend the above-
identified application as follows: